Declaration and Power of Attorney Under Patent Cooperation Treaty 35 USC §371(c)(4)

As a below named inventor, I hereby declare that:

and for which I solicit a patent.

my residence, post office address and citizenship are as stated below next to my name; that

I verily believe that I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural names are named below) of the invention entitlet. IDENTIFICATION CODE

MANAGEMENT SYSTEM FOR HOME NETWORK

described and claimed in the international application number PCT/IJP00/09365 filed December 27, 2000

and as amended on (if any), the specification and claims of which I have reviewed and understand

I acknowledge my duty to disclose information of which I am aware which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a), and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to my international application by me or my legal representatives or assigns, except as follows:

The priority of the above applications (if any), filed within a year prior to my international application is hereby claimed under 35 USC 119. I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the patent office:

Roger W. Parkhurst, Reg. No. 25,177; Charles A. Wendel, Reg. No. 24,453; Lawrence D. Eisen, Reg. No. 41,009.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO: PARKHURST & WENDEL, L.L.P., 1421 PRINCE STREET, SUITE 210,ALEXANDRIA, VIRGINIA 22314-2805, TELEPHONE (703) 739-0220.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued them.

3.	Full Name of Sole or First Inventor	Reiko			UENO		
		Given 1		Middle Initial	Family Name		
*4.	Inventor's Signature	-	Reiko		Veno ··		
	Date of Signature	œ	Ja	ly v. 2=	02		
	_		Month	Day	Year ·		
6.	Residence Takarazı	ıka-shi	H	yogo	JAPAN		
	City		State	or Province	Country		
7.	CitizenshipJa	panese					
8.	Post Office address (Insert complete mailing address, including country)		1·11·1·404, Asahicho Takarazuka-shi, Hyogo 665-0835 JAPAN				

^{*}IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE .

PAGE 2 OF U.S.A. DECLARATION FORM

. . .

T B.D N	lama of	(Disca	ru this page in a si	не имениот арриса	ition)		
3 Typewritten Full N Second Joint Inven		1	Yasuyuki		SHINTAN		
	•		Given Name	Middle Initial	Family Nam		
4 Inventor's Signatur	rc ==		gasuguki		Shintan	<u> </u>	
Date of Signature	æ		JULY	3 , 20	D2		
Date of organica		Month		Day		Yex	
Residence	Ko	be-shi	Hyogo)	JAPAN		
7 Citizenship Japanese		City	ity State or Province		Country		
		6-4-2	8 Hozakikitamachi	Higashinadarku Kohe	-shi Hyogo 658-0082	i. Hyogo 658-0082 JAPAN	
Post Office Address (Insert complete mailing address, including country)							
Typewritten Full N							
Third Joint Inventor	r (if any)		Given Name	Middle Initial	Family Name		
Inventor's Signatur	c ==						
Date of Signature	i rate						
		Month		Day		Year	
Residence					JAPAN	<u></u>	
Citizenship	Japanese	City	State or P	rovince	Country		
	Address dete mailing uding country)			*			
Typewritten Full N Fourth Joint Invento			Given Name	Middle Initial	Family Name		
Inventor's Signature		<u></u>					
Date of Signature							
Date of Digitaliae	-	Month		Day		Year	
Residence							
7 Citizenship		City	State or Pr	ovince	Country		
	A ddrace						
(Insert comp	elete mailing diding country)						
Typewritten Full N Fifth Joint Inventor							
rum John myenor	(11 ally)		Given Name	Middle Initial	Family Name		
4 Inventor's Signatur	c ==						
Date of Signature	er_						
		Month		Day		Year	
	6 Residence				Country		
Residence			0				
6 Residence		City	State or Pr	ovince	Country		

*Note to Inventors: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

**This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.